

## **Substance Abuse Checklist: Command Responsibilities**

	<b>COMMAND RESPONSIBILITIES</b>	<b>YES</b>	<b>NO</b>	<b>REMARKS</b>
1	Does command maintain OPNAVINST 5350.4 series and the Urinalysis Program Coordinator Handbook?			
2	Does command have written policy on alcohol control?			
3	Does the command have a current Urinalysis Program instruction?			
4	Does the instruction accurately reflect how the program is managed and coordinated?			
5	Does command maintain all applicable drug/alcohol instructions and directives (i.e. TYCOM, ISIC, region, etc.?			
6	Are newly reporting personnel briefed at check-in or command indoctrination on command policies on alcohol and drug control?			
7	Is leadership actively involved in command alcohol prevention and urinalysis programs?			
8	Does command disseminate its policy regarding the consumption of alcoholic beverages during normal working hours?			
9	Is member aware that the minimum age to consume alcohol for all command personnel?			
10	Does the command create an all-hands command environment that is intolerant of alcohol abuse and underage drinking?			
11	Is Command DAPA and Assistant DAPAs designated in writing by CO?			
12	Has DAPA/Assistant DAPA attended DAPA training within 90 days of appointment?			
13	Does command have a Urinalysis Program Coordinator (UPC) in accordance with OPNAVINST 5350.4 series?			
14	Is the UPC the command DAPA or IDC?			
15	Are UPC and alternates designated in writing?			
16	Have the CO/XO/CMC completed the required ADAMS for Leaders training?			

17	Is ADAMS for supervisors completed by all E-5 and above once every 5 years?			
18	Has the UPC and alternates completed UPC training on NKO?			
19	Are observers properly trained?			
20	Is Alcohol-AWARE completed by Navy personnel within two years of completion of recruit training or other accession point entry? (Pg 4 entry required).			

## **Substance Abuse Checklist: DAPA Responsibilities**

	<b>DAPA RESPONSIBILITIES</b>	<b>YES</b>	<b>NO</b>	<b>REMARKS</b>
1	Did DAPA notify their Echelon 3 ADCO of their appointment as DAPA?			
2	Does DAPA utilize NADAP website: <a href="http://www.nadap.navy.mil">http://www.nadap.navy.mil</a>			
3	Does the DAPA have ADMITS Program access? www.public.navy.mil/BUPERS-NPC/SUPPORT/NADAP/Pages/ADMITS.aspx			
4	Have members received SARP recommended treatment? If CO does not concur was letter submitted to OPNAV via Chain of Command?			
5	Are Drug and Alcohol Abuse Reports (DAAR) submitted for command or self-referral, alcohol or drug incident, and final disposition determination?			
6	Are DAARs submitted to ADMITS within 30 days of the date of the incident and additional information submitted as it becomes available?			
7	Did the CO or designated representative sign or electronically approve the DAAR?			
8	Are drug DAARs filed in the member's service record or forwarded to PERS 313 for inclusion in member's permanent Electronic Military Personnel Record System (EMPRS) file?			
9	Are records of members with drug and/or alcohol problems kept confidential?			
10	Has Aftercare Treatment Plan been prepared in consultation with member's parent command and an alcohol treatment completion letter provided to member?			
11	Has DAPA monitored the individual's progress and participation in the Aftercare Program?			
12	Does the command discipline as appropriate and process for ADSEP, those members whose alcohol-related misconduct is serious, who are repeat offenders, or who do not respond favorably to treatment?			
13	Does the command submit administrative separation waiver requests to OPNAV (N135) for E5 and above personnel involved in a subsequent alcohol related incident, provided 3 years have elapsed since the previous incident and the CO evaluates member as possessing exceptional potential useful Navy Services?			

## **Substance Abuse Checklist: UPC Coordinator**

	UPC RESPONSIBILITIES	YES	NO	REMARKS
1	Did UPC notify their Echelon 3 ADCO of their appointment as UPC? (NADAP office 901-874-4900 can provide ADCO contact information).			
2	Does UPC access NADAP website: <a href="http://www.nadap.navy.mil">http://www.nadap.navy.mil</a> frequently to obtain information?			
3	Does the UPC have ADMITS and iFTDTL Programs access? <a href="http://www.public.navy.mil/BUPERS-NPC/SUPPORT/NADAP/Pages/ADMITS.aspx">http://www.public.navy.mil/BUPERS-NPC/SUPPORT/NADAP/Pages/ADMITS.aspx</a>			
4	Does the command use Navy Drug Screening Program (NDSP) version 5.2 or greater? Is NDSP set to "Computer Randomly Choose Testing Days" and is it checked on a daily basis to see if it is a testing day?			
5	Are all command personnel entered into NDSP?			
6	Is the command conducting random urinalysis testing four times a month and a minimum of 15% of all assigned personnel under (IR) premise code? Does UPC have additional instructions from TYCOM or ISIC regarding minimum testing requirements?			
7	Are all newly reported personnel tested under (IU) premise code within 72 hours of arrival?			
8	Is an end of fiscal year unit sweep conducted under (IU) premise code of all command personnel who have not been tested in the course of the current fiscal year?			
9	If command failed to test four times a month and the minimum 15% of assigned personnel, did the UPC contact their Echelon 3 ADCO to report noncompliance and corrective actions taken in the following month?			
10	Has command obtained written permission from their Echelon 2 commander for testing less than four times a month if applicable? (For commands with small numbers of assigned personnel.),			
11	Are CPO or above used as UPCs and observers to the greatest extent possible? (CPOs or above are recommended to serve as UPC's.)			

12	Is there a quarterly inspection of the UPC program being conducted and filed by a CPO or above if the UPC is not a CPO or above?			
13	Does the UPC train assistants and observers?			
14	Is the urinalysis "premise/authority" properly identified?			
15	Is consent urinalysis, premise code VO, obtained in writing (practicable but not required)?			
16	Are chain-of-custody procedures used when handling samples?			
17	Are correct specimen bottles being used: NSN 6640-165-5778 (male) or 6530-00-837-7472 (female)?			
18	Are gum labels attached to the bottle (may be accomplished after sample is taken) in the presence of the member?			
19	Does the UPC maintain a urinalysis ledger documenting date of collection YYYY/MMM/DD), batch number, specimen number, member's SSN, testing premise, signature and printed name of the observer, signature of member, and identification of new batch number and specimen numbers if changed with printed name and signature of person making change and a witness?			
20	If there are two or less individuals providing urine, does the UPC act as UPC and observer and does not lose physical custody of samples from time of collection to mailing? If there are more than two individuals providing samples, does command provide observers?			
21	Does the UPC ensure each specimen is collected under direct observation of the same gender as the member providing the sample? Does observer sign the ledger certifying the specimen bottle which contains urine provided by member was not contaminated or altered?			
22	Is the UPC, alternate UPCs and observers samples submitted in a separate batch from all other command urine samples? Are samples for the UPC and alternates collected by a UPC whose sample is not being collected or a UPC from another command?			
23	Does observer watch member urinate directly into the specimen bottle, place cap on the bottle, and deliver bottle directly to the UPC? Does observer never lose sight of the bottle or take possession of the bottle? Does observer sign ledger certifying the specimen bottle was not contaminated or altered?			

24	Are tested members required to report immediately to the test site and remain in a secured area until sample is provided?			
25	Are female samples transferred to specimen bottles under control of an observer?			
26	Does member verify identifying information by signing ledger and initialing the specimen bottle label?			
27	Are members required to provide picture ID (Common Access Card or Armed Forces ID card preferred)?			
28	Does the UPC receive specimen bottle from member and ensure it contains a minimum of 30 milliliters of urine and is not reopen? Does UPC initial the label in the member's presence?			
29	Does the UPC confirm data on DD 2624 (dates etc.) and verify that the information on the label and DD2624 match? Does UPC sign and date block 12 of DD2624 when collection of all samples is completed?			
30	Are samples mailed off as soon as possible after collection?			
31	If samples are stored overnight, are they secured with lock and key, refrigerated if possible and is this documented on the DD2624?			
32	Are samples prepared for shipment using procedures in OPNAVINST 5350.4(series)?			
33	Are samples transported using procedures in OPNAVINST 5350.4(series)?			
34	Does the UPC maintain custody or discard incomplete sample until such time as the member (who is kept in secured area) is able to provide the balance of the sample in the same bottle, or discard the partial sample and require the member to submit a full sample when able?			
35	Are members who are unable to provide a sample during the collection period turned over to the MAA and remain under observation until a sample is provided or referred for medical examination?			
36	Are all uncollected samples documented and given a reason for no collection or a due back date in NDSP?			

37	Does the UPC access drug lab results from iFTDTL?			
38	Are the past 36 months of ledgers, DD 2624 forms and iFTDTL reports on file?			
39	Does the UPC utilize a tickler to track all batches and specimens sent to and received by the drug lab?			
40	Does the UPC have a list of all discrepancies reported via the drug lab for the past 6 months with solutions and follow-up dates?			
41	Has the UPC retested members whose samples are identified as "untestable" within 24 hours?			
42	Have all members determined to be using, possessing, promoting, manufacturing, or distributing drugs and/or drug abuse paraphernalia been screened, disciplined as appropriate and processed for administrative separation and offered treatment if diagnosed as drug dependent (prior to separation)?			
43	If a positive urinalysis is determined not to be a drug abuse incident, has the command sent a letter to OPNAV N17 and the command's ISIC, echelon 2/3 command?			
44	Are members who wrongfully use controlled substance analogues (designer drugs, illicit use of anabolic steroids, and prescription and or/ over-the-counter drugs and medications, glue, air freshener, gasoline fume sniffing, herbal products, and other similar substances) subject to disciplinary action including violation of article 92, adverse administrative action, or both?			
45	Is DAPA notified of all positive test results to prepare DAARS? Refer to #s 8 & 9 on DAPA checklist.			